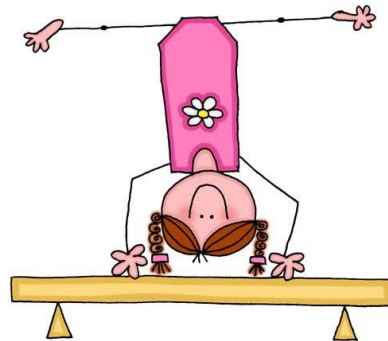


EVENING CLASSES
FOR AGES 24 MONTHS TO 6 YEARS OLD

Age

4:00-4:45 pm -	PnT2 (Parent n Tot 2) -	24-36 mos. (taken with a parent)
5:00-5:45 pm -	Gym 1 -	3 1/2 to 4 year olds
6:00-6:50 pm -	LTM (Learning Thru Movement) -	2 1/2 to 3 1/2 year olds
7:00-8:00 pm -	4 1/2 to 6 year olds	

All classes will be held at the Churchville Recreation Center, 111 Glenville Road, Churchville, MD. The sessions will be held on Tuesdays and Thursdays and each session is 4 weeks long.



SESSION 1 - Tuesday and Thursday	June 28th - July 21st
SESSION 2 - Tuesday and Thursday	July 26th - August 18th

Cost: \$90 per session
Checks are made payable to:
"ACPR GYMNASTICS"
**Children will receive Gymnastics
T-Shirt on the first day of Class!

Classes will be held on a first come, first served basis, contingent upon sufficient registration. There will be no refunds or transfers of registration. Payment must be made at the time of registration. Unless you are otherwise notified, you may assume that the class will be held as scheduled. Your cancelled check will be your receipt. There are no make-up classes offered. If you wish to register by mail, the address is:

ACPR Gymnastics, P.O. Box 248, Churchville, MD 21028. Questions? Call 410-836-2080.

Website - acprgymnastics.com

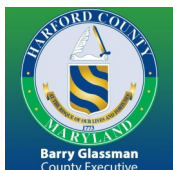
E-mail - corngym@comcast.net

[illegible]

SESSION:	1	2	(Circle those that you wish to attend)	TIME: _____
_____				Class name: _____
CHILD'S NAME:	_____			PHONE #: _____
ADDRESS:	_____			ZIP: _____
DATE OF BIRTH:	_____			AGE: _____
PARENT'S NAME:	_____			
EMERGENCY NAME & PHONE #: _____				
AMT. PD. _____ CASH (Exact amount) _____ CHECK # _____ REG. DATE _____				

I do hereby expressly agree to release Harford County, Maryland, a body corporate and politic of the State of Maryland, and its elected and appointed officials, agents, officers, and employees, from all liability arising from any harm or injury, including death, sustained by me while participating in this program. I understand that there is an inherent risk involved in any program. I certify, by my signature, that I understand this and agree. I also certify that my child is physically capable of participating. I will make the instructors aware of any allergies and/or medical problems. By my signature I acknowledge my understanding of the Concussion Information, SB771/HB858, which requires that all parents/guardians and athletes be made aware of the dangers a concussion may have on an athlete. This can be found at the Center for Disease Control, www.cdc.gov/headsup/youthsports/index.html. Also the Sudden Cardiac Arrest, HB 427, which requires that all parents and athletes be made aware of the dangers that sudden cardiac arrest may have on an athlete, found at www.nhlbi.nih.gov/health/health-topics/topics/scda. Further information on both can be found by calling 1-800-232-4636.

Parent Signature _____ Date _____



ACPR Gymnastics Recreation Council
Churchville Recreation Center
111 Glenville Road
Churchville, MD 21028
(410)638-3853